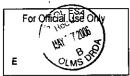
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U . 12496 2. Fiscal Year Covered From: 1 1 1 2005 Through: 12 31 2005 3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name DONNA L REXADDRA Labor Organization File Number 042-957 P.O. Box, Bidg., Room No., if any Street 1617 PALAMA STREET City HONOLULU State Flavasii ZIP Code +4 96817-3043 Street 1614 FALAMA STREET City HONOLULU State Flavasii ZIP Code +4 96817-3043 State Flavasii ZIP Code +4 96817-3043 A. Held an interest in, engaged in transactions (funding loans) with, order on or other exponents benefit of monetary value from an employer whose employees your organization represents of its activety seeking to represent. A. Held an interest in, engaged in transactions (including loans) with, order or or other exponents benefit of monetary value from an employer whose employees your organization represents of its activety seeking to represent. A. Held an interest in, engaged in transactions (including loans) with, order or or other exponents benefit of monetary value from an employer whose employees your organization represents of its activety seeking to represent. A. Held an interest in, engaged in transactions (including loans) with, order or or other exponents benefit of monetary value from an employer whose employees your organization represents of its activety seeking to represent. A. Name and address of lemptoyer (including trade name, if any). Name Trade Name, if any: Signature 14. Signature and verification. The undersigned declares, under penalty of Pegury and other applicable penalties of the law, that all of the information such that any accompanying documently, has beginned yaired in the instructions.) Signature 15. Signature and verification. The undersigned declares under penalty of Pegury and other applicable penalties of the law, that all of the information such that any accompanying documently, has beginned to the second or negative t									
3. Name and address of person filing. Name DONNA L KEKAUOHA L KEKAUOHA L KEKAUOHA L KEKAUOHA L KEKAUOHA L KEKAUOHA L LABORERS' AFL-CIO LOCAL 368 Labor Organization File Number (a42-957) P.O. Box, Bidg., Room No., if any Street 1617 PALAMA STREET City HONOLULU State Rawaii	1. File Number U - 12496	2. Fiscal Year Covered From:							
Name DONNA L KEKAUOHA Name DONNA L KEKAUOHA Name LABORERS' AFL-CIO LOCAL 368 Labor Organization File Number 042-957 P.O. Box, Bidg., Room No., if any Street 1617 PALAMA STREET City HONOLULU State Hawaii ZIP Code + 4 96817-3043 State Hawaii ZIP Code + 4 96817-3043 State Hawaii ZIP Code + 4 96817-3043 Shale Hawaii ZIP Code + 4 96817-3043 A. Held an interest in, engaged in transactions (including loans) with, or deriven demonstrative flore an amployer whose employees your organization represents or is actively seeking to represent. 8. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 15. Signeture and verification. The undersigned declares, under pently of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned knowledge and belief, frue, coneci, and complete. (See the section on penalties in the instructions.)		1 / 1 / 2005 Through: 12 / 31 / 2005							
Labor Organization File Number (342-957) P.O. Box, Bidg., Room No., if any Street 1617 PALAMA STREET City HONOLULU State Eawaii ZIP Code +4 956817-3043 State Hawaii ZIP Code +4 96817-3043 5. Position in labor organization. UNION REPRESENTATIVE Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (accept as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or deriver demonstrative in many of the following interests (accept as specified in the exclusions set forth in the instructions): 8. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7. B. Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned skinowledge and belief, frue, coneci, and complete. (See the section on penalties in the instructions.) Signed Dawa J. Halwarka. On S/TU7/2005 808-841-5877	3. Name and address of person filing.	4. Name, file number, and address of labor organization.							
P.O. Box, Bidg., Room No., if any Street 1617 PALAMA STREET City HONOLULU State Hawaii 2IP Code +4 96817-3043 State Hawaii 2IP Code +4 96817-3043 State Hawaii 2IP Code +4 96817-3043 5. Position in labor organization. UNION REPRESENTATIVE Enter appropriate data below if, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7. Name 7. Nature of interest, Transaction, or income. 7. Name 8. Name, if any: P.O. Box, Bidg., Room No., if any 7. D. Amount. Street 7. D. Amount. Street 8. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned 5 knowledge and belief, true, correct, and complete. (See the section or penalties in the instructions.)	Name DONNA L KEKAUOHA	Name LABORERS' AFL-CIO LOCAL 368							
Street 1617 PALAMA STREET City HONOLULU State Hawaii ZIP Code + 4 96817-3043 5. Position in labor organization. UNION REPRESENTATIVE Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name 7.a. Nature of interest. Transaction, or income. Street City State Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned S knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		Labor Organization File Number 042-957							
City HONOLULU State Hawaii ZIP Code +4 96817-3043 State Hawaii. ZIP Code +4 96817-3043 5. Position in labor organization. UNION REPRESENTATIVE Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of moretary value from an employer whose employees your organization represents or its actively seeking to represent. 8. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in instructions.)	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any							
State Hawaii ZIP Code + 4 96817-3043 State Hawaii ZIP Code + 4 96817-3043 State Hawaii ZIP Code + 4 96817-3043 5. Position in labor organization. UNION REPRESENTATIVE Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7. A. Nature of Interest, Transaction, or Income. 7. A. Nature of Interest, Transaction, or Income. Street City State 2IP Code + 4 15. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signature On 571072006 808-841-5877	Street 1617 PALAMA STREET	Street 1614 FALAMA STREET							
5. Position in labor organization. UNION REPRESENTATIVE Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or its activety seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Down J. Hellands. On 5/107/2006 808-841-5877	City HONOLULU	City HONOLULU							
5. Position in labor organization. UNION REPRESENTATIVE Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or its activety seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Down J. Hellands. On 5/107/2006 808-841-5877	State Hawaii ZIP Code + 4 96817-3043	State Hawaii ZIP Code + 4 96817-3043							
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or its actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Warry A. Alkaraha. On 5/1072006 808-841-5877	5 Position in labor organization								
monetary value from an employer whose employees your organization represents or its actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Dance J. Helicustica On [57/107/2006] [808-841-5877]	(except as specified in the exclusions set forth in the instructions):								
Name	monetary value from an employer whose employees your organizat	on represents or is actively seeking to represent.							
P.O. Box, Bldg., Room No., if any Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount. Street Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Dance A. Adlendar. On [5/1072006] 808-841-5877	6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.							
P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Dance J. Hollands. On 5/1072006 808-841-5877	Name								
State Signature Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Down L. Kulkaraha. On 5/T072006 808-841-5877	Trade Name, if any:								
State Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Done L. Kulsuaha. On [5/1072006] 808-841-5877	P.O. Box, Bldg., Room No., if any								
Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Down L. Kelanaha. On [5/T072006] 808-841-5877		7.b. Amount.							
Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Danie L. Hulandia. On [5/1072006] [808-841-5877]	Street								
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Done L. Kulandha. On 5/1072006 808-841-5877	City								
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 5/1072006 808-841-5877	State ZIP Code + 4								
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 5/10/2006 808-841-5877	Signature								
Signed Date 808-841-5877 Date Telephone Number	submitted in this report (including the information contained in any accompan	ying documents), has been examined by the signatory and is, to the best of the							
	Signed Done L. Kellausha	On							

Name of Person Filing DONNA KEKAUOHA	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise				
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name HAWAII LABORERS' PENSION TRUST FUND	a. Labor Organiz ation				
Trade Name, if any:	- Landania				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street 1440 KAPIOLANI BLVD., SUITE 800					
City HONOLULU					
State Hawaii ZIP Code + 4 96814-3502					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.				
State ZIP Code + 4	PENSION TRUST FUND FOR LABORERS' UNION MEMBERS. PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS, ON A FULLY REIMBURSED BASIS. (SEE ATTACHED WORKSHEET)				
	12 h Ameurt	, 532			
	12.b. Amount. \$12	,532			
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

DONNA KEKAUOHA - HAWAII LABORERS PENSION TRUST FUND

NAME OF CONFERENCE	P	TOTAL PAYMENTS		AMOUNT EXPENSED		AMOUNT REFUNDED	
Washington Legislative Update							
May 16-18, 2005							
Washington, DC	\$	7,695.00	\$	5,697.53	\$	1,997.47	
HUB Educational Trust Fund Conferece							
May 26-30, 2005			ĺ				
Hyatt Regency Kauai	\$_	2,809.00	\$	1,901.26	\$	907.74	
Annual/Quarterly Meeting							
July 20-24, 2005							
Hilton Waikoloa Village	\$	800.00	\$	367.19	\$	432.81	
Collection Procedures Institute							
September 12-15, 2005							
Las Vegas, NV	\$	4,450.00	\$	3,470.18	\$	979.82	
51st Annual Employee Benefits Conference			l				
November 13-16, 2005							
Honolulu, HI	\$	1,860.00	\$	1,095.82	\$	764.18	
Total	\$	17,614.00	\$	12,531.98	\$	5,082.02	